

**The Commonwealth of Massachusetts**  
**Department of Veterans' Services**  
**600 Washington Street, Suite 1100**  
**Boston MA 02111**  
**Telephone: (617) 210-5480 Fax: (617) 727-5903**  
**www.mass.gov/veterans**

**APPLICATION for ANNUITY**

*Massachusetts General Laws, Chapter 115, Section 6A, 6B, and 6C*

**1. Annuity Category**

☐ Unremarried Spouses of Certain Deceased Veterans (death must be service-connected)

**2. Applicant's**

Full Name: \_\_\_\_\_  
Last, First, Middle Initial

Address: \_\_\_\_\_  
Number, Street, Apartment Number, P.O. Box Number

\_\_\_\_\_  
City/Town, State, Zip Code

Telephone: \_\_\_\_\_

Relationship to Veteran: ☐ Wife ☐ Husband

Social Security: \_\_\_\_\_

**3. Veteran's**

Full Name (If different from Above): \_\_\_\_\_  
Last, First, Middle Initial

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_ Grade/Rank: \_\_\_\_\_

Period of Active Service: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Character of Service (Type of Discharge): \_\_\_\_\_

Veteran's Home of Record (At time of entry into active Service): \_\_\_\_\_  
City/State

**4. Additional Information Required**

Department of Veterans Affairs (VA) File Number: \_\_\_\_\_

In detail, state the nature of the disability, and when and where incurred: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Place and Date of Death: \_\_\_\_\_

Name, Address, Relationship of Applicant's Next of Kin: \_\_\_\_\_

**The following additional forms shall be filed with this application:**

- Certificate of Discharge or Release from Active Service (DD Form 214)
- Marriage Certificate
- Death Certificate
- Casualty Report of Deceased Veteran (if applicable)
- DIC Letter of Benefits
- Request for Verification of Taxation Reporting Form (W-9):  
**Mandatory and available on website**
- Direct Deposit Form: (Optional)

The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

Signature \_\_\_\_\_

Date \_\_\_\_\_